

SMP — State Maintenance Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



BlueCross & BlueShield United of Wisconsin

An independent licensee of the Blue Cross and
Blue Shield Association

What we are

The SMP program provides maximum health care coverage over a broad range of benefits in a managed care environment.

Each SMP participant selects a primary care physician who directs the health care services of the participant and family.

SMP is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation.

Where we are

In addition to our corporate headquarters located in Milwaukee, we have three regional service centers. We can answer questions about claims or benefits in our offices, by letter or by telephone. Early evening/after work and walk-in customer service is also available at our regional service centers.

Quality Improvements Initiative

- Improved access to Customer Service Representatives with a lost call ratio which dropped from 5.96% to below 2%.
- Implementation of Customer Satisfaction Surveys.
- Monthly Customer Services training on benefit claims processing issues and soft skills.

Exclusions and Limitations

- Physical exams requested by third parties (i.e. school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or that are experimental/ investigational
- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting

- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Organ transplants except as specifically provided
- Care covered by worker's compensation
- Reversals of sterilization
- Dental services except as specifically provided

Plan features

- A formal referral from your primary care physician is required for all services outside the care of your primary care physician or clinic.
- Preventive dental and vision is available for children.

Covered Services – no deductible:

- Hospital services (The Advantage Program requires prior notice of non-emergency admissions, or within 48 hours after an emergency admission.)
- Maternity care
- Extended care facility (except custodial care)
- Surgery
- X-ray and laboratory services
- Office calls
- Routine physical exams

Covered Services – paid at 80% after deductible:

- Physical, speech, and occupational therapy when necessitated by illness.
- Ambulance (First \$50 paid in full)
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury.

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

Regional service centers

Customer service hotline for
State of Wisconsin employees
1-800-755-6400

Northeastern Service Center

145 South Pioneer Road
Fond du Lac, WI 54935
(920) 923-4141

Southeastern Service Center

401 West Michigan Street
Milwaukee, WI 53202
(414) 226-2233

Southwestern Service Center

19 West Main Street
Evansville, WI 53536
(608) 882-5967

Western Service Center

2270 EastRidge Center
Eau Claire, WI 54701
(715) 836-7737

Or e-mail us at our website:
www.bluecrosswisconsin.com

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Major Medical Deductible: \$25 per person, per calendar year; maximum of two per family.

Major Medical Maximum is \$250,000 per lifetime.

Health Benefits	Plan Pays	Limitations
*Physician	100%	Selected primary physician or upon referral from primary physician
**Hospital	100%	365 days in semi-private room. Subject to pre admission certification
Laboratory and X-rays	100%	When requested by primary or referral physician.
Drugs and biologicals	100% after copay	Copayment of \$5 for generic or \$10 for brand, paid at time of purchase. If using a non-preferred pharmacy, members must submit a claim for reimbursement. Copay accumulates to \$240 annual maximum per individual or \$480 maximum per family, then the plan pays 100%.
Mental health (Combined with Alcohol & drug abuse) <i>In 2003, annual dollar maximums for mental health services are suspended.</i>	100% 90% 90%	INPATIENT – 120 days or \$6,300 per calendar year, which ever is less. OUTPATIENT - Of first \$2,000 per calendar year. TRANSITIONAL - Of first \$3,000 per calendar year.
Alcohol and drug abuse (Combined with Mental health) <i>Maximum for all services is \$7,000 per calendar year, combined.</i>	100% 90% 90%	INPATIENT – 30 days or \$6,300 per calendar year, which ever is less. OUTPATIENT - Of first \$2,000 per calendar year. TRANSITIONAL - Of first \$3,000 per calendar year.
Emergency room	100%	Non-emergency requires referral.
Extended care facility	100%	730 days per admission less hospital days used. Excludes custodial care as defined by the contract.
Vision care	100%	For illness or disease only. Annual routine eye examines for children under age 18.
Prescribed medical services/supplies	80%	Subject to deductible
Transplants	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants.
Chiropractic care	100%	Same as physician
Ambulance	100% 80%	First \$50 per trip Thereafter, subject to deductible
Additional Benefits		
Physical, speech, occupational therapy	80%	Subject to deductible
Home hospice care	100%	80 visits per six months
Hearing aid	0%	Not a covered benefit
*Oral surgery	100%	Same as physician
Infertility services	0%	Not a covered benefit
Preventive dental care	100%	Limited to children under age 12.

SMP covers services only when provided by or referred by your primary physician, except emergency care. SMP pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by the Standard Plan administrator. In some cases, the amount BCBSUW determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSUW State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSUW will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our website. If such a charge dispute arises, contact BCBSUW. If your provider is listed in the Standard Plan directory, charges over UCR will be written off.

* Professional services are limited to \$10,000 per illness or injury, then major medical.

** The Advantage Program requires prior notice of non-emergency hospital admissions or within 48 hours after an emergency admission. Failure to make this contact will result in a penalty of \$100.